

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/588, P01</i>	FILING DATE						
						APPLICANT(S)							
<i>11-10-63 7-26-64 CLAIMS</i>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		3		3		3	54						
5	1		1		1		55						
6		1		1		1	56						
7		1		1		1	57						
8		1		1		1	58						
9		1		1		1	59						
10		1		1		1	60						
11		1		1		1	61						
12		7		7		7	62						
13							63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	18		18		18		TOTAL DEP.						
TOTAL CLAIMS	20		20		20		TOTAL CLAIMS						